



Department of Human Services Division of Aging Services Office of Community Choice Options

Preadmission Screening and Resident Review (PASRR)



Objectives for Training

- Understand PASRR regulations
- Identify PASRR responsibilities
- Explain PASRR requirements
- Review and understand all elements of the PASRR Level I Screening form LTC-26
- Review and understand the Notice of referral for Level II Evaluation Form LTC-29



Overview of PASRR

- Federal law mandates that all Medicaid-certified nursing facilities (NF) may not admit an individual with serious mental illness(MI), and\or intellectual disability(ID), and\or related condition(RC), and\or developmental disability (DD) unless the individual has been properly screened, evaluated and determined to be appropriate for NF placement regardless of payment source.
- All states are required to have a PASRR program that complies with the federal regulations: Title 42:483.100-138.
- The Centers for Medicare & Medicaid Services requires each state and territory to specify the PASRR program in their Medicaid state plan.

PASRR Guidelines for Completion of Specialized Services

- Upon completion of Specialized Services:
 - The individual may only be admitted or return to the NF following:
 - The Level II authority has issued a new determination no need for Specialized Services
 - and
 - The NF has forwarded said determination to the OCCO to assess the need for a new PAS and approval letter.
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- Note- for individuals enrolled in an MCO, it is the responsibility of the MCO to provide to OCCO the new Determination from the Level II authority that specialized services are not required and follow the process for PAS review.



Overview of PASRR

- The PASRR program in NJ is a collaborative process between Medicaid (Division of Medical Assistance and Health Services/DMAHS), the Division of Aging Services (DoAS), the Division of Mental Health and Addiction Services (DMHAS), and the Division of Developmental Disabilities(DDD).
- The Division of Aging Services (DoAS) has the responsibility of overseeing the PASRR Level I process in the state.



Overview of PASRR

- The intent of PASRR is to protect individuals with serious mental illness(MI)and/or intellectual disability(ID),and\or related condition(RC), and\or Developmental Disability(DD) from inappropriate placement in a nursing facility.

There are two components to PASRR:

- Level I Screen
- Level II Evaluation and Determination



Level I Screening Tool – LTC 26

- PASRR regulations require states to screen **all individuals** entering a Medicaid certified nursing facility **regardless of payer source** for the presence of Serious MI and/or ID,RC,DD.
- PASRR Level I Screening Tool LTC-26 is the tool used in New Jersey.



Level I Screening Guidelines

- A PASRR Level I Screen is required for **new** NF Admission.
 - Definition of a **New NF Admission** is:
CFR 42-83.106-b (1)- *Admissions, readmissions and interfacility transfers* —
(1) **New admission.** An individual is a new admission if he or she is admitted to any NF for the first time or does not qualify as a readmission. New admissions are subject to preadmission screening. With the exception of certain hospital discharges.
 - . (i) A 30 Day Exempted Hospital Discharge means an individual—
 - (A) Who is admitted to any [Medicaid-certified] NF directly from a hospital (Non psychiatric hospital) after receiving acute inpatient care at the hospital;
 - (B) Who requires NF services for the condition for which he or she received care in the hospital; and
 - (C) Whose attending physician has certified **before** admission to the facility that the individual is likely to require less than 30 days nursing facility services.
 - (ii) If an individual who enters a NF as an exempted hospital discharge is later found to require more than 30 days of NF care, the DMHAS and\ or DDD authority must conduct an annual resident review within 40 calendar days of admission. The PASRR process must be completed.
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- Note: It is the responsibility of the NF to complete the PASRR process prior to the 40th day of admission to the NF.

Level I Screening Guidelines

(3) **Readmissions.** An individual is a readmission if he or she was readmitted to a facility from a hospital to which he or she was transferred for the purpose of receiving care.

(4) **Inter-facility transfers.** An inter-facility transfer occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay.

The PASRR is valid for the entire period of continuous NF placement (until a break in service). A break in service is when the individual is discharged back to the community.

Example: The PASRR is valid when

1. NF resident is hospitalized then is readmitted to NF from hospital.
2. The PASRR is valid for NF to NF transfers



PASRR Level I Screening Tool

The Level I Screening Tool – LTC 26 must be completed for all Nursing Facility applicants **prior** to nursing facility admission in accordance with Federal Regulations 42 CFR 483.106.

The Level I Screening Tool can be found on the Department of Human Services website at

<http://www.state.nj.us/humanservices/doas/home/forms.html>

Level I Screening Tool – LTC 26



- All individuals who screen positive for Mental Illness require completion of the PASRR Psychiatric Evaluation form by an independent Psychiatrist or Psychiatric APN .
 - The form is located on the DMHS website at
 - <http://www.state.nj.us/humanservices/dmhs/home/forms.html>
 - Fax the completed PASRR Level I Screen and the PASRR Psychiatric Evaluation form to the DMHAS for a Level II Determination.
 - DMHAS FAX 609-341- 2307
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- NOTE: If you are requesting a 30 day exempted hospital discharge or abbreviated categorical determination you must follow the instructions on the LTC-26 and send to the applicable level II authority.



Level I Screening Tool Positive for DD/ID/RC

- All Level I PASRR Screens Positive for DD/ ID / RC need to be referred to one of the DDD Regional Offices for a PASRR Level II Evaluation.
 - The DDD will conduct the evaluation and make the determination.
 - DDD Regional Office coverage areas, addresses and phone numbers are found in section VIII of the PASRR Level I Screen.
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- NOTE: If you are requesting a 30 day exempted hospital discharge or abbreviated categorical determination you must follow the instructions on the LTC-26 and send to the applicable level II authority.



Notice of Referral for Level II Evaluation

LTC - 29

- A copy of the Notice of Referral for a Level II Evaluation Letter must be given to the Nursing Facility Applicant or their Legal Representative when referring client for a Level II PASRR Evaluation and Determination.
- The Federal Rule requires in the case of first time identification, for the issuance of written notice to the individual or resident and his \her legal representative that the individual or resident is suspected of having MI or ID/RC/DD and is being referred to the state Mental Health or DDD authority.(Title 42-483.128(a))
- A copy of Form LTC-29 Notice of Referral for a Level II Evaluation Letter can be found on the DHSS website at:
<http://www.state.nj.us/humanservices/doas/home/forms.html>



Level I Screening Tool – LTC 26

- Copies of the PASRR Level I Screening Tool and PASRR Level II Evaluation and Determination (if applicable) are to be kept in the clients active NF Medical Record.
- State Survey teams monitor the clients medical records for compliance with the PASRR Federal Mandate.



PASRR Level I Guidelines

- **30 Day Exempted Hospital Discharge**

The 30-Day Exempted Hospital Discharge applies only to INITIAL nursing facility admission NOT resident review, nursing facility readmission or inter-facility transfer.

- **30 Day EXEMPTED HOSPITAL DISCHARGE –**

An individual may be admitted to a skilled nursing facility directly from the hospital after receiving inpatient care (non-psychiatric) at the hospital if:

- ✓ the individual requires skilled nursing facility services for the condition for which he/she received care in the hospital AND
 - ✓ the attending hospital physician certifies before the NF admission that the individual is likely to require less than 30 days skilled nursing facility care.
- The level I form must be Faxed to OCCO and to DMHAS and/or DDD, as applicable, then the individual can be discharged to the nursing facility.



CATEGORICAL DETERMINATION FOR LEVEL I POSITIVE SCREENS

- Level I Screener can request an abbreviated Categorical Determination based on any one of the following four categories.
 - Terminal Illness
 - Severe Physical Illness
 - Respite Care
 - Protective Service (APS)
 - If requesting for MI then a DMHAS Categorical Determination Form must be completed and sent with the level I screen. The form can be found at the DMHAS website <http://www.state.nj.us/humanservices/dmhs/home/forms.html>.
 - If requesting for DDD the Level I screener must contact DDD Regional Office serving the area.
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- Note: The Adult Protective Services (APS) Categorical Determination can only be utilized when an emergency placement is necessary outside of normal State business hours.

Level I Positive Screen for MI:

Primary Dementia Exclusion

The Mental Illness Primary Dementia Exclusion applies to individuals who have a confirmed diagnosis of dementia and that the dementia diagnosis is documented as primary or more progressed than a co-occurring mental illness.

- Does the individual have a confirmed diagnosis of dementia (including Alzheimer's Disease or related disorder) based on criteria in the DSM-5 or current version of the ICD?
- What was\is the criteria used to establish the basis for a Dementia diagnosis?
- Has the Physician **documented** dementia as the primary diagnosis **OR** that dementia is more progressed than a co-occurring mental illness diagnosis?
- How was the dementia diagnosis as primary or more progressed documented?



Primary Dementia Exclusion – cont'd

- Individuals with a primary or more progressed dementia will no longer screen positive on the Level I PASRR Screen (LTC-26).
- An individual can have a yes for the questions regarding the Mental Illness but still have a negative screen for MI if the criteria for the Primary Dementia Exclusion is met.
- All of the criteria for the dementia exclusion must be met in order to for the individual to qualify for the Primary dementia exclusion.

**Department of Human Services
Division of Aging Services
Office of Community Choice Option**

Northern Regional Office

(732) 777 – 4650 phone, (732) 777-4681 fax

- **Counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren Counties**

Southern Regional Office

(609) 704 – 6050 phone, (609) 704-6055 fax

- **Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem Counties**

**Trenton Central Office Email address
LTCSS@dhs.state.nj.us**

